## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET - CRAMENTO, CA 95814

October 21, 1983



To: All County Welfare Directors

Letter No. 83- 68

QUALITY CONTROL ERROR/CORRECTIVE ACTION ON HEALTH INSURANCE BENEFITS

The Department of Health Services (DHS) has initiated a series of letters informing counties of Medi-Cal Eligibility Quality Control (MEQC) errors and identifying appropriate corrective action activities. This letter is another in the series.

### OC Error

QC reviews indicate a number of errors in deductions to income occur because the county allows a deduction for health insurance premiums to which the beneficiary is not entitled. These errors occur because:

- Counties accept the beneficiary's statement of health insurance coverage, and the amount of premium paid, without requiring verification.
- Beneficiaries fail to report termination of health insurance benefits, especially when this produces an increase in their net pay.

Dollar errors occur because an incorrect health insurance deduction is allowed, causing an incorrect share of cost.

In addition, case reviews have indicated county departments do not always report on beneficiaries' other health coverage (OHC). This failure increases Medi-Cal program costs because Medi-Cal may never identify and recover for services which should be reimbursed by the OHC carrier. In addition, providers could not bill the OHC carrier first, thereby avoiding costs to the Medi-Cal program.

### Corrective Action

Title 22, California Administrative Code, Section 50167(a)(7)(T) requires:

"Health insurance benefits available through employment, retirement or military service... shall be verified by viewing those insurance policies which specifically name the applicant, health benefit identification cards, or letters from health care benefit providers."

Such verification is required at both application and redetermination.

The worker should note in the case record what type of verification was provided.

Beneficiaries, especially those who have private insurance to supplement their Medicare, may drop this health insurance once Medi-Cal eligibility is established. The county worker should emphasize to such persons or their authorized representative that they must report to the county department if they drop their health insurance.

# Reporting Other Health Coverage

If the Medi-Cal applicant or beneficiary reports entitlement to health insurance benefits, the county department is required to:

- Code other health coverage information on the MED/CID record using the 1. coding system designated in Medi-Cal Eligibility Manual Procedure Section 15 A - "Coding Other Health Coverage".
- Require the applicant/beneficiary to complete a Health Insurance 2. Questionnaire (HRB2A).
- Submit the completed Health Insurance Questionnaires to DHS' Recovery 3. Branch following the procedures outlined in Procedure Section 15 A.

If you have any questions on Recovery Branch procedures, please contact Glenda Arellano at (800) 952-5294. Questions on corrective actions should be directed to your Corrective Action Consultant. The name and phone number of your corrective action consultant can be found on the attached list.

Sincerely,

ORIGINAL SIGNED BY

Caroline Cabias, Chief Eligibility Branch

cc: Medi-Cal Liaisons Medi-Cal Program Consultants

Attachment

# COUNTY ASSECTION WITHIN THE CORRECTIVE ACTION UNIT

Mike Sunners (916) 322-5068	Glenn	Take Ske	Los Angeles	Marin	Mendocino	Napa	San Francisco	Tebana					
Linda O'Hanlon (916) 322-6454	Contra Costa	Monterey	Nevada	Orange	Plunas	Sacramento	San Benito	San Luis Obispo	Santa Cruz	Sierra	Siskiyou	Sonoma	
Sid McKinney (916) 445-4613	Butte	Pel Norte	Fresno	Humiooldt	Inyo	Kings	Lassen	Modoc	ાં ભાગ	Riverside	San Bernardino	Shasta	Trinity
Tom Dickson (916) 322-3393	Alameda	Colusa	El Dorado	Kern	Madera	Mariposa	Merced	Placer	Solano	Stanislaus	Sutter	Yolo	Yuba
Flo Beller (916) 324-4974	Amador	Alpine	Calaveras	Imperial	San Diego	San Joaquin	San Matteo	Santa Barbara	Santa Clara	Tuolume	Ventura		

Tulare